Testimony of Robert Bernstein, Ph.D.
To the Policy Committee
Of the White House Conference on Aging
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My name is Robert Bernstein, executive director of the Bazelon Center for Mental Health Law and a member of the executive committee of the National Coalition on Mental Health and Aging. Our coalition was established more than a dozen years ago for various organizations with interests in older adulthood to exchange ideas and collaborate on strategies that support the mental health. The coalition now consists of more than fifty groups, including consumer and professional organizations, advocacy groups and representatives from government agencies.

It should not be surprising that concerns about mental health and aging have fostered a large coalition reflecting very broad constituencies. As the policy committee is well aware, older adults are a large, diverse and growing population, including several generations of Americans. Individuals with mental health needs are represented in each of these aging cohorts. Many have persistent, so-called "serious" mental illnesses and are aging as the longstanding clients of public systems. They are challenged by psychiatric disability, age-related health issues and their marginalized social status as "former mental patients." Also included are older adults with later-onset mental illnesses, whose issues of depression and anxiety are often undiagnosed or misdiagnosed —this despite the fact that such mental health problems may be associated with as many as 70% of all primary care visits. And among each of these subpopulations, a substantial number of individuals have co-existing problems of medication or alcohol abuse.

Common to all of these groups, and of common concern to members of our broad coalition, are issues of *access* —perhaps of even greater concern than issues of technical know-how. Current policies and practices too often prevent older adults with mental illnesses from remaining in their homes, with their families, in their communities and participating fully in everyday life. Bluntly stated, we know how to help older adults with mental health needs; the nation has simply not committed to doing it.

The consequences of our failure to provide the services and supports needed by these older Americans are felt by many beyond those who bear the clinical diagnoses. Our failure to address issues of mental health and aging appropriately deeply affects spouses —themselves often elderly—who provide caregiving that prevents or forestalls institutional placement. It affects middle-age people caught between working, parenting obligations and attending to the needs of their own parents. It concerns taxpayers because precious healthcare dollars are being imprudently used to respond to the late-stage consequences of neglect rather than to reduce the impact of mental disability in the first place. And our failure is seen as tragic by any American who cares about compassionate treatment of older adults.

Ironically, given the enormity of the problem and its broad reach, mental health and aging has a long history of being the second- or third-rung priority in several sectors — even,

shamefully, in mental health systems. For this reason, and in recognition of the important opportunity presented by the White House Conference on Aging, the National Coalition on Mental Health and Aging has developed a set of consensus recommendations for action. We will highlight many of them for you today.

Our recommendations draw on the extensive background of our diverse membership. They build on and reinforce findings of the Surgeon General who, in his 1999 report on mental health, identified mental illness among older Americans as a major public health issue and cited our failure to connect people with effective services and our need to expand our knowledge base. Our recommendations to this committee, many of which will be presented by individuals personally affected by the unmet mental health needs of older Americans, will also include problems that are artifacts of public policy, such as the dilemma of older adults who are dually eligible for Medicare and Medicaid, yet who still encounter problems in coverage for their psychotropic medications.

Our recommendations fully support those of the President's New Freedom Commission on Mental Health, particularly the honest finding that the service delivery system is fragmented, "in shambles," and in need of a transforming overhaul. The Commission calls for a new benchmark of mental health outcomes that embraces concepts that are central to mental health, yet are today disgracefully rare in the provision of services; recovery and hope. While these findings by the President's Commission apply to all people with mental illnesses, older adults arguably have been particularly ill-served and systematically deprived of hope and opportunity. Likewise, notwithstanding the landmark1999 *Olmstead* decision by the Supreme Court, finding that unwarranted institutionalization is a form of discrimination that reinforces the notion that institutionalized people are unworthy or incapable of community membership, older adults continue to be unnecessarily consigned to institutions that segregate them from their families and their communities. But the good news is this: We know how to help older Americans who have mental illnesses. What we need to overcome are problems in early identification of mental health needs, the present lack of access to services and supports that are effective and acceptable for older adults, and our failure as a nation to properly prioritize mental health and aging. Our hope is that the testimony you will hear from several of our members and the action steps we recommend will assist this White House Conference on Aging in giving mental health the priority it merits.